

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 4386

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**DNC Services Corp./Dem. Nat'l Committee**

Full Name (Last, First, Middle Initial)

**A. Avnish Aggarwal**

Mailing Address 45847 Bridgeport Place

City	State	Zip Code
Fremont	CA	94539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : C31716970**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David P. Agle MD**

Mailing Address 2870 Kersdale Rd

City	State	Zip Code
Pepper Pike	OH	44124-4760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2015

**Transaction ID : C31658233**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth Agyekum**

Mailing Address 10362 Brickerton Dr

City	State	Zip Code
Mechanicsville	VA	23116-5828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vcu Health Systems

Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

**Transaction ID : C31691728**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶

600.00

**TOTAL** This Period (last page this line number only)..... ▶